

POLYGRAPH EXAMINATION STATEMENT OF CONSENT

FILE NUMBER

For use of this form, see AR 195-6; the proponent is the US Army Criminal Investigation Command.

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 10, United States Code, Section 3012(g).
 PRINCIPAL PURPOSE: To provide commanders and law enforcement officials an accurate and verifiable identification means.
 ROUTINE USES: Information provided by you will be maintained by the Department of the Army and may be furnished for official use to accredited DoD and other federal/law enforcement agencies. Your Social Security Account Number and your date and place of birth are used as additional/alternative identification means for filing and retrieval.
 DISCLOSURE: Disclosure of personal information is voluntary.

LOCATION	TIME	DATE
NAME (Last, First, MI)	SOCIAL SECURITY NO.	GRADE/STATUS
DATE AND PLACE OF BIRTH	ORGANIZATION OR ADDRESS	

STATEMENT OF CONSENT

In the presence of the witness(es) whose signature(s) appear below, my rights, as specified on DA Form 3881 (completed copy attached), have been explained to me by _____ who informed me that he/she is a polygraph examiner of the United States Army. I have been advised that this polygraph examination statement of consent is being completed in connection with:

In conjunction with explaining the nature of the polygraph examination, I have been told:

- a. that should I refuse to undergo a polygraph examination, no adverse action may be taken against me based solely on my refusal.
- b. that I have the right to talk privately with a lawyer before, during and after the polygraph examination.
- c. that the examination area is equipped with a two-way mirror or observation device.
- d. that the examination will be monitored/recorded.
- e. that questioning may occur before, during and after the instrument portion(s) of the polygraph examination.
- f. that anything I say or do during the polygraph examination may be used against me in my administrative, military or judicial proceedings.
- g. that the polygraph examination will not be conducted without my voluntary consent and even though I am now giving my consent, I can withdraw it at any time and the examination will be stopped.

Understanding my unqualified right to refuse, I _____ do hereby this date of my own free will consent to undergo a polygraph examination. I have not been threatened, coerced, unlawfully induced or promised anything in conjunction with my consent to undergo a polygraph examination.

WITNESSES		SIGNATURE OF EXAMINEE
SIGNATURE		SIGNATURE OF EXAMINER
TYPED NAME AND ORGANIZATION/ADDRESS		
SIGNATURE		TYPED NAME AND ORGANIZATION OF EXAMINER
TYPED NAME AND ORGANIZATION/ADDRESS		EXHIBIT NUMBER